



Congresswoman Tammy Baldwin

Representing Wisconsin's Second Congressional District

PRIVACY ACT RELEASE

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Email Address : _____
Phone (home): (____) ____ - _____ Phone (work): (____) ____ - _____
Social Security Number: _____ Date of Birth: _____

Please specify if this matter involves any of the following:

- ☐ Dept. of State Visa—Country of origin, Case #: _____
- ☐ INS—Please provide your Alien Identification (A#) and Receipt Number (LIN#) _____
- ☐ VA disability claim—Please provide claim/service#: _____
- ☐ Military—Rank/Branch of service/Complete unit designation: _____

Federal Agency Involved: _____

Description of the Problem: _____

I hereby authorize U.S. Representative Tammy Baldwin and her staff to act on my behalf and to receive and exchange information from the appropriate officials regarding the matter described above.

Signed: _____ Date: _____

Please return completed form to my District Office at:

**10 E Doty Street, Suite 405
Madison, WI 53703**

Phone: (608) 258-9800 • Fax: (608) 258-9808